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Bib Data Sheet

CONFIRMATION NO. 5473

<b>SERIAL NUMBER</b> 09/998,305	<b>FILING DATE</b> 12/03/2001 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2673	<b>ATTORNEY DOCKET NO.</b> 033355-002
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**APPLICANTS**

Manolito E. Adan, Woodinville, WA;  
Todd E. Holmdahl, Bothell, WA;  
Michael R. Hooning, Seattle, WA;  
Steven T. Kaneko, Seattle, WA;  
Terry M. Lipscomb, Bellevue, WA;  
Robert Scott Plank, Bellevue, WA;

**\*\* CONTINUING DATA**

*YES* *m.s.*

THIS APPLICATION IS A CON OF 09/153,148 09/14/1998, now *ABND*

**\*\* FOREIGN APPLICATIONS**

*NONE* *m.s.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 12/17/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Mano E. Adan</i> Examiner's Signature	<i>m.s.</i> Initials			

**ADDRESS**

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P.O. Box 1404  
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**TITLE**

Input device with forward/backward control

<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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<b>APPLICANTS</b> Manolito E. Adan, Woodinville, WA; Todd E. Holmdahl, Bothell, WA; Michael R. Hooning, Seattle, WA; Steven T. Kaneko, Seattle, WA; Terry M. Lipscomb, Bellevue, WA; Robert Scott Plank, Bellevue, WA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/153,148 09/14/1998 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/17/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 23639				
<b>TITLE</b> Input device with forward/backward control				
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	